

PROTOCOL FOR LICENSING/CERTIFYING NEW PROVIDERS

1. An inquiry from a potential new provider should be forwarded to the assigned Program Consultant.
2. If a new provider submits an incomplete application, the AAPS Administrative Specialist will forward the information to the Program Consultant. The Program Consultant will make contact with the potential provider and offer assistance.
3. When a completed application for licensure/certification with all required materials is received at Central Office:
 - a. The AAPS Administrative Specialist will save the application, Organizational chart & Credentials in the program folder and notify the Program Consultant by email that a completed application and material has been received in Central Office.
 - b. The Program Consultant will review the P & P manual for compliance with the Standards and complete a licensing tool. Some areas of the tool will not be completed because the facility would need to be opened and seeing clients to determine compliance for those Standards. If the provider applied for licensure/certification of a residential or opioid maintenance modality the Program Consultant must do an onsite visit to complete a walk through.
 - c. Any unmet Standards from the list below must be met before the Program Consultant gives approval for licensing the provider. The provider needs to submit these items directly to the Program Consultant. If the items do not meet the Standards, the Program Consultant needs to provide assistance. If the provider needs to make changes to these documents, they may resubmit the documents to the Program Consultant after making the changes. The Standards that must be met are:
 - 1) Section 2
 - i) 201 B (5) - Current malpractice and liability insurance
 - ii) 202 C (2) - Criminal and abuse/neglect background check for agencies serving adolescents. (this includes 715 A 1)
 - 2) Section 5
 - i) 502 A (1-3) Disaster Plans – disaster and emergency plan and designated person
 - ii) 502 C (3) Environmental Issues – want to see fire and safety inspection report
 - 3) Section 6
 - i) 601 A and B Client Rights – want to see the client right form
 - ii) 601 C (1) (a-d) – want to see the verification form
 - iii) 602 A Confidentiality Policy
 - iv) 605 C Assessment – want to see assessment form
 - v) 606 B Treatment Plan – want to see treatment plan form
 - 4) Section 7
 - i) 711 -- Opioid Maintenance Outpatient Treatment must address all standards requiring policy and procedure.
4. Once all these items are met the Program Consultant will email approval to the AAPS Administrative Specialist & the Clinical Services Coordinator to license the provider. The email will include a completed licensing tool, the modalities to license them for, the start date, the expiration date and if a residential program, the number of beds. The expiration date will be the last day of the quarter, up to

one year from the start date. If the provider has other locations also licensed/certified, the Program Consultant should attempt to make the expiration date coincide with the expiration date of the provider's other location(s).

5. The AAPS Administrative Specialist will begin the process of obtaining the Secretary's signature for the paper license.
6. The Clinical Services Coordinator will review the completed licensing tool. If there are any corrections or questions, the Clinical Services Coordinator will email the AAPS Administrative Specialist who will email the PC with suggested and required changes. The PC will resubmit the revised Site Visit Report to the AAPS Administrative Specialist.
7. The AAPS Administrative Specialist will send an initial license cover letter, the list of deficiencies, and the license to the new provider.

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